

INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE
Sold in New Jersey
By
BANKERS LIFE & CASUALTY
Telephone: 1-888-282-8252

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS				
PLAN	MONTHLY PREMIUM AT AGE 65 (<i>INCREASES</i>) (<i>WITH AGE</i>)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$876 DEDUCT. (2004)	\$219 COPAY FOR DAYS 61-90 (2004)	\$438 COPAY FOR DAYS 91-150 (2004)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$109.50 COPAY FOR DAYS 21-100 (2004)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$100 ANNUAL DEDUCT. (2004)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	Rx DRUGS	PREVENTIVE MEDICAL CARE
A	120.58	Yes**	None		Yes	Yes	Yes					Yes		Yes				
B	131.82	Yes**	None	Yes	Yes	Yes	Yes					Yes		Yes				
C	136.34	Yes**	None	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
D	132.35	Yes**	None	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes	Yes		
E	133.59	Yes**	None	Yes	Yes	Yes	Yes	Yes				Yes		Yes	Yes			Yes
F	132.08	Yes**	None	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes ^{100%}	Yes	Yes			
*F <small>(with \$1690 deductible)</small>	49.22	Yes**	None	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes ^{100%}	Yes	Yes			
G	96.88	Yes**	None	Yes	Yes	Yes	Yes	Yes				Yes	Yes ^{80%}	Yes	Yes	Yes		

* Policyholders are responsible for payment of expenses up to the deductible. The policy will pay covered expenses once the deductible is met. A separate decuctible applies to the foreign travel emergency benefit.
** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN-ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)
NOTE: MONTHLY PREMIUM AMOUNTS LOWER FOR CHECK-O-MATIC.

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SR. SERVICES
MARCH 2004

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